

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 550

ONE PARK PLAZA

☐ Check if different than previously reported. (ACC)

NASHVILLE

TN

37203

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00067231

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Anderson

Signature of Treasurer

David Anderson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 27 / 2012 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		292912.75
(b) Cash on Hand at Beginning of Reporting Period.....	290152.87	
(c) Total Receipts (from Line 19)	17377.21	218731.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	307530.08	511644.08
7. Total Disbursements (from Line 31)	25867.47	229981.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	281662.61	281662.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10375.00	137600.00
(ii) Unitemized	6990.00	80040.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	17365.00	217640.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	17365.00	217640.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	12.21	91.33
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	17377.21	218731.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	17377.21	218731.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	567.47	2681.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	567.47	2681.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	163000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	600.00	600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	600.00	600.00
29. Other Disbursements	17700.00	63700.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25867.47	229981.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25867.47	229981.47

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17365.00	217640.00
34. Total Contribution Refunds (from Line 28(d))	600.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16765.00	217040.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	567.47	2681.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	567.47	2681.47

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Joe Bowman

Mailing Address 9017 Grey Pointe Ct

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 StoneCrest Medical Center

Occupation
 CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2012

Transaction ID : SA11AI.27560

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Deborah Branton

Mailing Address 6 Alford Street NE

City State Zip Code
 Rome GA 30165

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Redmond Regional Med Ctr

Occupation
 VP Risk Mgmt/ECO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2012

Transaction ID : SA11AI.27566

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Timothy Burroughs

Mailing Address 31975 US Hwy 19 N

City State Zip Code
 Palm Harbor FL 34684

FEC ID number of contributing
federal political committee.

C

Name of Employer
 West FL Division

Occupation
 Division CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2012

Transaction ID : SA11AI.27523

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Teresa Fagan

Mailing Address 501 Redmond Road

City State Zip Code
 Rome GA 30165

FEC ID number of contributing federal political committee.

C

Name of Employer

Redmond Regional

Occupation

Director OH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2012

Transaction ID : SA11AI.27572

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Sonia Gonzales

Mailing Address 11375 Cortez Blvd

City State Zip Code
 Brooksville FL 34613

FEC ID number of contributing federal political committee.

C

Name of Employer

Oak Hill Hospital

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2012

Transaction ID : SA11AI.27510

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sharon Hayes

Mailing Address 4312 Elmstone Rd

City State Zip Code
 Midlothian VA 23113

FEC ID number of contributing federal political committee.

C

Name of Employer

CJW

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2012

Transaction ID : SA11AI.27543

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Suzanne Jackson

Mailing Address 9415 Rim Rock Ct

City

Manassas

State

VA

Zip Code

20112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dominion Hospital

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 05 / 2012

Transaction ID : SA11AI.27537

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin Johnson

Mailing Address 1000 E 100 N

City

Payson

State

UT

Zip Code

84651

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain View Hospital

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 05 / 2012

Transaction ID : SA11AI.27526

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stephanie Jones

Mailing Address PO Box 1034

City

Resaca

State

GA

Zip Code

30735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Redmond Regional Med Ctr

Occupation

Director Case Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 20 / 2012

Transaction ID : SA11AI.27578

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Nancy Littlefield

Mailing Address 4600 Spotsylvania Pkwy

City State Zip Code
 Fredericksburg VA 22408

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Spotsylvania Med Ctr

Occupation
 CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2012

Transaction ID : SA11AI.27470

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Terika Mbanu

Mailing Address 4600 Spotsylvania Pkwy

City State Zip Code
 Fredericksburg VA 22408

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Spotsylvania Med Ctr

Occupation
 COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2012

Transaction ID : SA11AI.27469

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Gina Melby

Mailing Address 5301 S Congress Ave

City State Zip Code
 Atlantis FL 33462

FEC ID number of contributing
federal political committee.

C

Name of Employer
 JFK Medical Center

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2012

Transaction ID : SA11AI.27534

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. James (RMCA) Miller

Mailing Address 2810 Ambassador Caffery Pkwy

City State Zip Code
Lafayette LA 70526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Med Ctr Acadiana

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : SA11AI.27456

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. James (RMCA) Miller

Mailing Address 2810 Ambassador Caffery Pkwy

City State Zip Code
Lafayette LA 70526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Med Ctr Acadiana

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : SA11AI.27524

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Martine Ossleer

Mailing Address 356 Oak Crest Drive

City State Zip Code
Cedartown GA 30125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Redmond Regional

Occupation

ACNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2012

Transaction ID : SA11AI.27586

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. John Quinlivan

Mailing Address 19 Horseleg Creed Rd SW

City State Zip Code
 Rome GA 30165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Redmond Regional

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2012

Transaction ID : SA11AI.27580

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kay Rhodes

Mailing Address 1319 Kingston Hwy

City State Zip Code
 Rome GA 30161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Redmond Regional Medical Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2012

Transaction ID : SA11AI.27608

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ann Smith

Mailing Address 905 Deep Weed Tr

City State Zip Code
 Tallahassee FL 32309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Regional

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2012

Transaction ID : SA11AI.27542

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Danny Smith

Mailing Address 1410 Dogwood Valley Road

City State Zip Code
Tunnel Hill GA 30755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Redmond Regional Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : SA11AI.27609

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mickey Smith

Mailing Address 11375 Cortez Blvd

City State Zip Code
Brooksville FL 34613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oak Hill Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2012

Transaction ID : SA11AI.27501

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Drew Strauch

Mailing Address 11375 Cortez Blvd

City State Zip Code
Spring Hill FL 34613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oak Hill Hospital

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : SA11AI.27550

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Wendy Stuart

Mailing Address 11750 Bird Rd

City State Zip Code
 Miami FL 33175

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kendall Reg Med Ctr

Occupation
 CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2012

Transaction ID : SA11AI.27525

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sean 'Michael' Thomson

Mailing Address 10300 Spotsylvania Ave Ste 130

City State Zip Code
 Fredericksburg VA 22408

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Spotsylvania Reg Med Ctr

Occupation
 CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2012

Transaction ID : SA11AI.27465

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Timothy C. Tobin

Mailing Address 4600 Spotsylvania Pkwy

City State Zip Code
 Fredericksburg VA 22408

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Spotsylvania Reg Med Ctr

Occupation
 President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 05 2012

Transaction ID : SA11AI.27460

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Donna Trickey

Mailing Address 200 Industrial Blvd

City State Zip Code
Dublin GA 31021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairview Park Hosp

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : SA11AI.27532

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

10375.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 21

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
account analysis fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 27 / 2012
Transaction ID : SB21B.27453

Amount of Each Disbursement this Period

194.84

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
account analysis fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 20 / 2012
Transaction ID : SB21B.27452

Amount of Each Disbursement this Period

372.63

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

567.47

TOTAL This Period (last page this line number only)..... ►

567.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. AHAPAC

Mailing Address 325 7th Street NW

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
fundraiser

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SB23.27619

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HOOSIERS FIRST PAC

Mailing Address PO BOX 772

City	State	Zip Code
INDIANAPOLIS	IN	46206

Purpose of Disbursement
fundraiser

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

Transaction ID : SB23.27617

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City	State	Zip Code
LOUISVILLE	KY	40201

Purpose of Disbursement
fundraiser

Candidate Name

MITCH MCCONNELL

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District: 00

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

Transaction ID : SB23.27616

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Dianne Goldenberg

Mailing Address 610 N Lakeside Dr

City	State	Zip Code
Lake Worth	FL	33460

Purpose of Disbursement
NSF Check

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2012

Transaction ID : SB28A.27450

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lori Rakes

Mailing Address 960 JF Harris Pkwy

City	State	Zip Code
Cartersville	GA	30120

Purpose of Disbursement
NSF Check

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2012

Transaction ID : SB28A.27451

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

500.00

TOTAL This Period (last page this line number only).....▶

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Gilmore for House

Mailing Address 3009 Vista Valley Ct

City
NashvilleState
TNZip Code
37218Purpose of Disbursement
campaign

Candidate Name

Gilmore for HouseOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2012

Transaction ID : SB29.27640

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeremy Durham Campaign

Mailing Address 802 Founders Pointe Blvd

City
FranklinState
TNZip Code
37064Purpose of Disbursement
fundraiser

Candidate Name

Jeremy Durham CampaignOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 65

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2012

Transaction ID : SB29.27631

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark Green for State Senate

Mailing Address 1600 Oak Plains Rd

City
Ashland CityState
TNZip Code
37015Purpose of Disbursement
fundraiser

Candidate Name

Mark Green for State SenateOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2012

Transaction ID : SB29.27633

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Mary Littleton Campaign

Mailing Address 104 Steven Nicks Dr

City Dickson	State TN	Zip Code 37055
-----------------	-------------	-------------------

Purpose of Disbursement
campaign

Candidate Name

Mary Littleton CampaignOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 78

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2012

Transaction ID : SB29.27629

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rick Womick Campaign Fund

Mailing Address 6015 Hwy 99

City Rockvale	State TN	Zip Code 37153
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Purpose of Disbursement
campaign

Candidate Name

Rick Womick Campaign FundOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2012

Transaction ID : SB29.27635

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. The Senate Republican Majority of KY

Mailing Address PO Box 1068

City Frankfort	State KY	Zip Code 40602
-------------------	-------------	-------------------

Purpose of Disbursement
fundraiser

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2012

Transaction ID : SB29.27614

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Vote Kelsey

Mailing Address Box 382354

City	State	Zip Code
Germantown	TN	38138

Purpose of Disbursement
fundraiser

Candidate Name

BRIAN KELSEY

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2012

Transaction ID : SB29.27638

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Vote Mike Sparks

Mailing Address 114 Woodland Dr

City	State	Zip Code
Smyrna	TN	37167

Purpose of Disbursement
campaign

Candidate Name

Vote Mike Sparks

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 49

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2012

Transaction ID : SB29.27624

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Vote Vince Dean

Mailing Address 1633 John Ross Rd

City	State	Zip Code
East Ridge	TN	37412

Purpose of Disbursement
campaign

Candidate Name

Vote Vince Dean

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2012

Transaction ID : SB29.27620

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

17700.00
